## Foster Family Home - Deficiency Report

**Provider ID:** 1-100106

**Home Name:** Helen Claveria, NA **Review ID:** 1-100106-12

94-1261 Huakai Street Reviewer: Maribel Nakamine

Waipahu HI 96797 Begin Date: 2/14/2022

**Foster Family Home** [11-800-6] **Required Certificate** 

6.(d)(1)Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 3/14/2022.

**Foster Family Home Information Confidentiality** [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and

procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights for CG#5.

**Foster Family Home** Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary

resuscitation, and basic first aid.

The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills 41.(g)

and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and

caregiver's current records with the current service plan.

Comment:

41.(b)(8)- No Basic First Aid certification present for CG#5 in the CCFFH binder.

41.(g)- No Basic Skills Checks completed in Client #1's chart for CG#5.

**Foster Family Home Client Care and Services** [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may

delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations on Administration present in Client chart for CG#5.

iance Manager

Wer Claveria